

Submitted by: _____
Address: _____
Phone: (W) _____ (H) _____ E-mail: _____

Instructions: Please provide the information requested below for all animals held under your permit during **2010**. Return the completed report to Karen Estabrook, Dept. of Inland Fisheries & Wildlife, #41 State House Station 284 State St. Augusta, ME 04333 no later than **January 31, 2011**.

Submit information combined by species. You may submit your own spreadsheets, as long as the same information is given. If you have a federal permit, you may submit native migratory bird information via a copy of your federal report. Regardless of the format(s) in which you present the information, you must also complete the overall summary form on the back of the page. Append complete information (date received, reason & from whom obtained, disposition & disposition date) for any endangered or threatened species*. **Any individual animal transferred, please give the name and address of person (facility) receiving the animal.**

T-E = Transferred for Exhibition or Education (a nonreleasable animal was transferred to an education or exhibition facility). Rehabilitators who are also exhibitors or educators may use this code to indicate a transfer of status from rehabilitation to exhibition/education within a facility.

[illegible]

(over)

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ANNUAL REPORT OF MAINE REHABILITATOR PERMITTEE Calendar Year 2010

Birds:

Common Name	Total No. Received	Disposition (enter quantity for each code):					
		R	D	E	P	T-R	T-E

(Continue on separate sheet if necessary.)

Reptiles & Amphibians:

Common Name	Total No. Received	Disposition (enter quantity for each code):					
		R	D	E	P	T-R	T-E

(Continue on separate sheet if necessary.)

Overall Summary: (please complete)

	Enter total number for each disposition category.						ROW TOTAL
	R	D	E	P	T-R	T-E	
Mammals							
Birds							
Reptiles & Amphibians							

Certification Statement: I certify that the information submitted in this report is correct to the best of my knowledge.

Signature: _____ Date: _____

If you wish to renew your state permit, please initial here: _____